

## UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

PEARLINA STORY

Case No.

2:24-cv-02995

(to be filled in by the Clerk's Office)

## Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

S.C.I. PHOENIX MEDICAL DEPARTMENT, LETIZIO,  
ANTHONY M.D., SUPERINTENDENT JOSEPH  
TERRA, AND KHAN ABDUL. M.D.

## Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$52) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A **prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.**

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name \_\_\_\_\_

All other names by which  
you have been known: \_\_\_\_\_

ID Number \_\_\_\_\_

Current Institution \_\_\_\_\_

Address \_\_\_\_\_

*City**State**Zip Code***B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

*City**State**Zip Code*

Individual capacity       Official capacity

Defendant No. 2

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

*City**State**Zip Code*

Individual capacity       Official capacity

## Defendant No. 3

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

 Individual capacity     Official capacity

## Defendant No. 4

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

 Individual capacity     Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

1. The conduct complained of was committed by persons acting under the color of state law. Cruel and unusual punishment to Plaintiff who needed medical attention. Deprivation of the Plaintiff's federally protective rights.
2. The conduct deprived the Plaintiff of constitutional rights. The right to adequate, timely medical care, the right for nutrition, the right to receive medical assistance and care. Negligence prescribing

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

1. Superintendent Terra allowed the Plaintiff to be put in the D.H.U. with no windows, cold, with malnutrition and complaining of severe stomach pains.
2. Doctor Letizio followed the majority of the procedures of the institution that do not follow the requirements according to policymaking officials for giving medical care, in that orders from agency's outside of the institution was given to give medical services immediately to the Plaintiff. Doctor Letizio ~~had final policymaking decision and gave orders for medication for the Plaintiff~~

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

Pretrial detainee  
 Civilly committed detainee  
 Immigration detainee  
 Convicted and sentenced state prisoner  
 Convicted and sentenced federal prisoner  
 Other (*explain*) Legal Guardian of Stanton Story

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose. Einstein Hospital gave Plaintiff tests which revealed Liver Cancer in that Plaintiff had no idea due to the medication that was given at the institution which suggested he had stomach acid, regurgitation and the Hepatitis was suppose to have been cured due to the medication taken.

B. If the events giving rise to your claim arose in an institution, describe where and when they arose. In 2021 the Plaintiff started giving complaints of pain to the Medical Department at S.C.I. Phoenix in which the pain had been documented at S.C.I. Greene since 2021. Nothing was done except medication given for ulcers, stomach acid and lots of Tylenol which is negligence for Liver Cancer.

C. What date and approximate time did the events giving rise to your claim(s) occur?  
2018 documented.

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D. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

Eistein Hospital documented Stanton T. Story, was in severe malnutrition had severe pain and needed medication and comfort measures. Medical records of treatment not received for his condition and medical records from Eintein for treatment Stanton Story received and his verbal orders for life sustaining events.

Superintendant Terra allowed the guards to put Stanton Story in the disciplinary unit because he took pain pill from another inmate for the pain he suffered instead of giving medical treatment and or sending him to the hospital.

Chemo Therapy was given to Plaintiff by Dr. Letizio without Plaintiff's permission and knowlege. Letters was sent to the institution, goverment agencies for Plaintiff to get medical attention since 2018. Dr. Abdul Khan never examined Stanton t. Story nor knew of him and prescribed medication.

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## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Mental and emotional anguish, loss of Love, companionship and communication, loss of income and home status.

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## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

The court should compensate the Plaintiff, Pearlina S. Story for suffering of mental and emotional anguish, loss of Love and companionship, loss of apartment, medical bills for Stanton Story, loss of income. I, Pearlina Story had to watch Stanton T. Story suffer for years and had to have the D.O.C. AND D.O.J. intervene to help with medical. I ask for compensation of \$39,000,000.00, thirty-nine million dollars. That's a million dollars per day upon his release from prison for the suffering he sustained due to non-medical help for years.

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**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

S.C.I. GREENE  
S.C.I. PHONIX

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B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

STANTON STORY FILED CLAIM AND GRIEVANCE WITH THE COURT AND S.C.I. CONSERNING NOT RECEIVING MEDICAL SERVICES AND HELP.

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D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance?

S.C.I. GREENE  
S.C.I. PHOENIX

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2. What did you claim in your grievance?

2017  
2018  
2019  
2020  
2021  
2022  
2023

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3. What was the result, if any?

MISDIAGNOSIS

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4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

COMPLAINT SENT TO FEDERAL COURT, DOJ AND DOC

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:  
N/A

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2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

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*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

### **VIII. Previous Lawsuits**

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) STANTON T. STORY

Defendant(s) S.C.I. PHOENIX. WESTERN PENN, S.C.I. GREENE

2. Court (*if federal court, name the district; if state court, name the county and State*)

EASTERN DISTRICT, COMMONWEALTH OF PA ALLEGHENY COUNTY, THIRD CIRCUIT COUR

3. Docket or index number

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4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Yes No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) PEARLINA STORY

Defendant(s) S.C.I. PHOENIX, SUP TERRA, DR. LETIZUO, DR. ABUL KHAN

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2. Court (*if federal court, name the district; if state court, name the county and State*)  
EASTERN FEDERAL COURT PHILADELPHIA COUNTY PENNSYLVANIA

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3. Docket or index number

Civ. No. 24-2995

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4. Name of Judge assigned to your case

Judge Diamond

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5. Approximate date of filing lawsuit

July 10, 2024

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6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition

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7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

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## IX. Certification and Closing

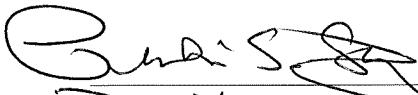
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 07/23/2024

Signature of Plaintiff



Printed Name of Plaintiff

Pearlina S. Story

Prison Identification #

AP 3330

Prison Address

SCI Phoenix

Philadelphia

City

PA

State

Zip Code

### B. For Attorneys

Date of signing: \_\_\_\_\_

Signature of Attorney

\_\_\_\_\_

Printed Name of Attorney

\_\_\_\_\_

Bar Number

\_\_\_\_\_

Name of Law Firm

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip Code

Telephone Number

412 628-9011

E-mail Address

pearlinastory@gmail.com

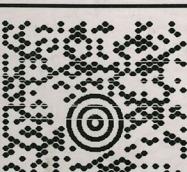
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Bz Pr 15221  
\* 24. Jan



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NOTICE ON BEHALF OF

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District States District Court  
# 2609 PA 19106-9865



7/25/24

Re: DMS  
Re: DMS Story  
1447 Folger St  
Washington, DC 20004

Re: PA 15221

